Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No. 10/550,941 09-28-2005 Emdadi, Keyvan 27045 2448 4612  Invention: METHOD AND SYSTEM FOR CENTRALLY ALLOCATING ADDRESSES AND PORT NUMBERS  COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA AFTER AMENDMENT PREV PAID FOR CLAIMS PRESENT FEE  TOTAL CLAIMS 24 - 24 = 0 x \$52.00 \$0.00 Multiple Dependent Claims (check if applicable)	
ADDRESSES AND PORT NUMBERS  COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HIGHEST # NUMBER EXTRA RATE ADDITIONAL RATE FEE  TOTAL CLAIMS 24 - 24 = 0 x \$52.00 \$0.00 INDEP. CLAIMS 5 - 5 = 0 x \$220.00 \$0.00 Multiple Dependent Claims (check if applicable)	
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CLAIMS AS AMENDED	
CLAIMS REMAINING AFTER AMENDMENT         HIGHEST # PREV. PAID FOR CLAIMS PRESENT         NUMBER EXTRA RATE         RATE         ADDITIONAL FEE           TOTAL CLAIMS         24 - 24 = 0 x \$52.00         \$0.00           INDEP. CLAIMS         5 - 5 = 0 x \$220.00         \$0.00           Multiple Dependent Claims (check if applicable)         □	******
AFTER AMENDMENT         PREV. PAID FOR         CLAIMS PRESENT         RATE         FEE           TOTAL CLAIMS         24 - 24 = 0 x \$52.00         \$0.00           INDEP. CLAIMS         5 - 5 = 0 x \$220.00         \$0.00           Multiple Dependent Claims (check if applicable)         □	
INDEP. CLAIMS         5         -         5         =         0         x \$220.00         \$0.00           Multiple Dependent Claims (check if applicable)         □	
Multiple Dependent Claims (check if applicable)	
50.00	
<ul> <li>✓ No additional fee is required for amendment.</li> <li>✓ Please charge Deposit Account No. 50-1379 in the amount of \$0.00</li> <li>✓ A check in the amount of to cover the filing fee is enclosed.</li> <li>✓ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1379</li> <li>✓ Any additional filing fees required under 37 C.F.R. 1.16.</li> <li>✓ Any patent application processing fees under 37 CFR 1.17.</li> </ul>	
/Steven W. Smith, Reg. No. 36,684/ Dated: December 17, 2010  Signature  Steven W. Smith	
Reg No. 36,684  Ericsson Inc. 6300 Legacy Drive, M/S EVR 1-C-11  Plano, TX 75024  Contificate of Mailing or Transmission  I bereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for Piral class or Express Mail in an envelope addressed to Commissioner for Patents, P. O. Box 1490, Alexandria, VA 22313-1430, or being fixesimila transmitted, or transmitted via EFS-Web to the USP10, on the date indicated below.  /Kara Coffman/	
Signature Signature	
Kara Coffman December 17, 2010  Depositors's Name and Date	